

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10680286 FILING DATE _____
 APPLICANT(S) _____

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
		IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1		1												
2			1						51					
3			1						52					
4			1						53					
5			1						54					
6			1						55					
7			1						56					
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45									94					
46									95					
47									96					
48									97					
49									98					
50									99					
									100					
TOTAL IND.	2								TOTAL IND.					
TOTAL DEP.	6								TOTAL DEP.					
TOTAL CLAIMS	8								TOTAL CLAIMS					